

Jefferson Healthcare Charity Policy

Purpose:

The purpose of this policy is to outline the circumstances under which charity care discounts may be provided to qualifying low income patients for medically necessary healthcare services provided by Jefferson Healthcare (JH).

Policy:

JH is a healthcare organization guided by a commitment to its Mission and Values designed around working together to serve our community with personalized care and medical excellence. It is both the philosophy and practice of JH that medically necessary healthcare services are available to community members and those in emergent medical need, without delay, regardless of their ability to pay.

1. JH will comply with federal, state, and local laws relating to emergency medical services and charity care.
2. JH will provide charity care to qualifying patients to relieve them of all or some of their financial obligation for medically necessary JH healthcare services.
3. In alignment with its values, JH will provide charity care to qualifying patients in an intentionally patient centered manner, remain committed to the highest possible quality health care for all, remain committed to a health community that encourages individual responsibility, and be a prudent steward of health care resources.
4. JH will not discriminate on the basis of age, sex, race, creed, color, disability, sexual orientation, nation of origin, or immigration status when making charity care determinations.
5. In extenuating circumstances, JH may at its discretion approve charity care outside of the scope of this policy.

Eligibility Requirements:

Charity care is secondary to all other financial resources available to the guarantor including but not limited to insurance, third-party liability payers, government programs and outside agency programs. In situations where appropriate primary payment sources are not available, guarantors may apply for charity care based on the eligibility requirements in this policy.

Charity care is granted for medically necessary services only. For JH, these are appropriate medical services as defined by WAC 246-453-010(7). Such services are considered non-elective.

Patients who reside outside the JH service area where services are provided are not eligible for charity care, except when the patient requires emergent services while visiting in JH's service area.

The JH service area is defined as Jefferson County.

Eligibility for charity care shall be based on financial need at the time of application. All resources of the family as defined by WAC 246-453-010 (17) are considered in determining the applicability of the JH sliding fee scale.

Charges for services will be eligible for full charity care for any guarantor whose gross family income is at or below 100% of the current federal poverty guideline level (consistent with WAC 246-453), provided that such persons are not eligible for other private or public health coverage sponsorship (see RCW 70.170.060 (5)).

The JH sliding fee scale will be used to determine the amount to be written off as charity care for guarantors with incomes between 101% and 300% of the current federal poverty level after all funding possibilities available to the guarantor have been exhausted or denied and personal financial resources and assets have been reviewed for possible funding to pay for billing charges. Charges may be written off as charity care for guarantors with family income in excess of 300% of the federal poverty level when circumstances indicate severe financial hardship or personal loss.

JH may grant charity care based solely on an initial determination of a guarantor's status as an indigent person. In these cases, documentation may not be required. In all other cases, documentation is

required to support an application for charity care. Examples of supporting documentation which would demonstrate household income and assets are copies of recent paychecks, W-2 statements, income tax returns, and/or bank statements showing activity. Supporting documentation which reflects residency in Jefferson County and family members will also be requested. If adequate documentation cannot be provided JH may ask for additional information.

Evaluation Process:

All financial assistance applications must be submitted to the Financial Counseling Office on the first floor of the Water Side Entrance. The financial counseling staff in the Financial Counseling Office reviews all financial assistance applications. This staff is responsible for the determination of charity care and sliding fee scale eligibility and communication of both the awards and denials. JH will display signage and information about its charity care policy at appropriate access areas.

A person seeking charity care will be provided a Financial Assistance Application. This application will not be considered complete until an interview has been performed by a Financial Counselor to determine if the patient is eligible. As part of this screening process JH will review whether the guarantor has exhausted or is not eligible for any third-party payment sources. Where the guarantor's identification as an indigent person is obvious to JH, a prima-facie determination of eligibility may be made and in these cases JH may not require an application or supporting documentation.

A guarantor who may be eligible to apply for charity care after the initial screening will be given fourteen (14) days to provide sufficient documentation to JH to support a charity determination. Based upon documentation provided with the charity application, JH will determine if additional information is required, or whether a charity determination can be made. The failure of a guarantor to reasonably complete appropriate application procedures shall be sufficient grounds for JH to initiate collection efforts.

An initial determination of sponsorship status and potential eligibility for charity care will be completed as closely as possible to the date of service.

JH will notify the guarantor of a final determination within fourteen (14) business days of receiving the necessary documentation.

The guarantor may appeal the determination of ineligibility for charity care by providing relevant additional documentation to JH within thirty (30) days of receipt of the notice of denial. All appeals will be reviewed and if the determination on appeal affirms the denial, written notification will be sent to the guarantor and the Department of Health in accordance with state law. The final appeal process will conclude within thirty (30) days of the receipt of a denial by the applicant.

Attachment A:

JH Charity Care Percentage Sliding Fee Scale

The full amount of charges will be determined to be charity care for any guarantor whose gross family income is at or below 100% of the current federal poverty guideline level (consistent with WAC 246-453), provided that such persons are not eligible for other private or public health coverage sponsorship (see RCW 70.170.060 (5)).

For guarantors with income and resources above 101% of the FPL the JH sliding fee scale may apply.

In determining the applicability of the JH sliding fee scale all resources of the family as defined by WAC 246-453-010(17) are taken into account for guarantors with income and assets between 101% and 200% of the FPL.

For guarantors with income and assets above 200% of the FPL household income and assets are considered in determining the applicability of the sliding fee scale.

2013 Jefferson Healthcare Charity Guidelines - 100% - 300% FPL								
Number of Family Members								
% of Award	1		2		3		4	
	Low	High	Low	High	Low	High	Low	High
100%	-	11,490	-	15,510	-	19,530	-	23,550
90%	11,491	14,043	15,511	18,957	19,531	23,870	23,551	28,783
80%	14,044	16,597	18,958	22,403	23,871	28,210	28,784	34,017
70%	16,598	19,150	22,404	25,850	28,211	32,550	34,018	39,250
60%	19,151	21,703	25,851	29,297	32,551	36,890	39,251	44,483
50%	21,704	24,257	29,298	32,743	36,891	41,230	44,484	49,717
40%	24,258	26,810	32,744	36,190	41,231	45,570	49,718	54,950
30%	26,811	29,363	36,191	39,637	45,571	49,910	54,951	60,183
20%	29,364	31,917	39,638	43,083	49,911	54,250	60,184	65,417
10%	31,918	34,470	43,084	46,530	54,251	58,590	65,418	70,650
0%	34,471	and up	46,531	and up	58,591	and up	70,651	and up

2013 Jefferson Healthcare Charity Guidelines - 100% - 300% FPL								
Number of Family Members								
% of Award	5		6		7		8	
	Low	High	Low	High	Low	High	Low	High
100%	-	27,570	-	31,590	-	35,610	-	39,630
90%	27,571	33,697	31,591	38,610	35,611	43,523	39,631	48,437
80%	33,698	39,823	38,611	45,630	43,524	51,437	48,438	57,243
70%	39,824	45,950	45,631	52,650	51,438	59,350	57,244	66,050
60%	45,951	52,077	52,651	59,670	59,351	67,263	66,051	74,857
50%	52,078	58,203	59,671	66,690	67,264	75,177	74,858	83,663
40%	58,204	64,330	66,691	73,710	75,178	83,090	83,664	92,470
30%	64,331	70,457	73,711	80,730	83,091	91,003	92,471	101,277
20%	70,458	76,583	80,731	87,750	91,004	98,917	101,278	110,083
10%	76,584	82,710	87,751	94,770	98,918	106,830	110,084	118,890
0%	82,711	and up	94,771	and up	106,831	and up	118,891	and up